



Civil Rights Division

ADA Complaint Form

Instructions: *Please fill out this form completely, in black ink or type. Sign and return to the address on the last page.*

1. Complainant: _____

Address: _____

City, State and Zip Code: _____

Home Phone: _____

Business Phone: _____

2. Person Discriminated Against: _____

(if other than the complainant)

Address: _____

City, State, and Zip Code: _____

Home Phone: _____

Business Phone: _____

3. Government, or organization, or institution which you believe has discriminated:

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary): _____

4. Have efforts been made to resolve this complaint through NDOT's internal grievance procedure?

Yes_____ No_____

If yes: what is the status of the grievance? _____

5. Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes_____ No_____

If yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Date Filed: _____

6. Do you intend to file with another agency or court?

Yes_____ No_____

Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

7. Additional space for answers: _____

Signature: _____

Date: _____

Return to:

Nevada Department of Transportation
Attn: Maria Maness, ADA Coordinator
1263 South Stewart Street
Carson City, NV 89712